

# FEC FORM 3

## REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type  
over the lines.  
FEC STATE CENTER 12FE4M5

COMMITTEE TO ELECT DAVID L STEINHOF

ADDRESS (number and street)

4144 N MAIN ST

Check if different  
than previously  
reported. (ACC)

FALL RIVER

MA

02720

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

C C00522623

3. IS THIS  
REPORT

X

NEW  
(N)

OR

AMENDED  
(A)

MA

04

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

X

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

Termination Report (TER)

(b) 12-Day PRE-Election Report for the:

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on

M M / D D / Y Y Y Y

in the  
State of

(c) 30-Day POST-Election Report for the:

General (30G)

Runoff (30R)

Special (30S)

Election on

M M / D D / Y Y Y Y

in the  
State of

5. Covering Period

01 / 01 / 2012

through

03 / 31 / 2012

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Mrs. Susan Lee Steinhof

Signature of Treasurer

Mrs. Susan Lee Steinhof

Date

07 / 12 / 2012

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
OnlyFEC FORM 3  
(Revised 02/2003)

12030843343

# SUMMARY PAGE

of Receipts and Disbursements

Write or Type Committee Name

COMMITTEE TO ELECT DAVID L STEINHOF

Report Covering the Period: From: M M / D D / Y Y Y Y  
01 01 2012To: M M / D D / Y Y Y Y  
03 31 2012

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e)) ....	0.00	0.00
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)) .....	0.00	0.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	469.41	469.41
(b) Total Offsets to Operating Expenditures (from Line 14) .....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)) .....	469.41	469.41
8. Cash on Hand at Close of Reporting Period (from Line 27) .....	1530.59	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) .....	2000.00	

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE**

of Receipts

FEC Form 3 (Revised 12/2003)

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Write or Type Committee Name

**COMMITTEE TO ELECT DAVID L STEINHOF**

Report Covering the Period: From: MM / DD / YYYY 01 / 01 / 2012 To: MM / DD / YYYY 03 / 31 / 2012

## **I. RECEIPTS**

**COLUMN A  
Total This Period**

**COLUMN B  
Election Cycle-to-Date**

### **11. CONTRIBUTIONS (other than loans) FROM:**

**(a) Individuals/Persons Other Than  
Political Committees**

(i) Itemized (use Schedule A) .....

0.00

0.00

(ii) Unitemized .....

0.00

0.00

(iii) TOTAL of contributions  
from individuals .....

0.00

0.00

**(b) Political Party Committees.....**

0.00

0.00

**(c) Other Political Committees  
(such as PACs).....**

0.00

0.00

**(d) The Candidate .....**

0.00

0.00

**(e) TOTAL CONTRIBUTIONS  
(other than loans)  
(add Lines 11(a)(iii), (b), (c), and (d))..**

0.00

0.00

### **12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....**

0.00

0.00

### **13. LOANS:**

**(a) Made or Guaranteed by the  
Candidate.....**

2000.00

2000.00

**(b) All Other Loans.....**

0.00

0.00

**(c) TOTAL LOANS  
(add Lines 13(a) and (b)).....**

2000.00

2000.00

### **14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....**

0.00

0.00

### **15. OTHER RECEIPTS (Dividends, Interest, etc.) .....**

0.00

0.00

### **16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4).....**

2000.00

2000.00

12030843345

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3 (Revised 02/2003)

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## **II. DISBURSEMENTS**

### **COLUMN A** Total This Period

### **COLUMN B** Election Cycle-to-Date

17. OPERATING EXPENDITURES.....			469.41			469.41
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....			0.00			0.00
19. LOAN REPAYMENTS:						
(a) Of Loans Made or Guaranteed by the Candidate.....			0.00			0.00
(b) Of All Other Loans .....			0.00			0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....			0.00			0.00
20. REFUNDS OF CONTRIBUTIONS TO:						
(a) Individuals/Persons Other Than Political Committees .....			0.00			0.00
(b) Political Party Committees.....			0.00			0.00
(c) Other Political Committees (such as PACs) .....			0.00			0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....			0.00			0.00
21. OTHER DISBURSEMENTS .....			0.00			0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►			469.41			469.41

## **III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....			0.00
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....			2000.00
25. SUBTOTAL (add Line 23 and Line 24).....			2000.00
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....			469.41
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....			1530.59

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 5 OF 6

☐ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☒ 13a ☐ 13b ☐ 14 ☐ 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**COMMITTEE TO ELECT DAVID L STEINHOF**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>Dr David Steinhof</b>		Date of Receipt M M / D D / Y Y Y Y 03 15 2012	
Mailing Address 784 High St		Transaction ID : SA13A.4282	
City Fall River	State MA	Zip Code 02720	Amount of Each Receipt this Period 2000.00 loan to campaign for startup funds
FEC ID number of contributing federal political committee. C			
Name of Employer David Steinhof Inc	Occupation Dentist		
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2000.00		
<b>B.</b> Full Name (Last, First, Middle Initial)		Date of Receipt M M / D D / Y Y Y Y	
Mailing Address			
City	State	Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. C			
Name of Employer	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date		
<b>C.</b> Full Name (Last, First, Middle Initial)		Date of Receipt M M / D D / Y Y Y Y	
Mailing Address			
City	State	Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. C			
Name of Employer	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date		
<b>SUBTOTAL</b> of Receipts This Page (optional).....		2000.00	
<b>TOTAL</b> This Period (last page this line number only).....		2000.00	

# SCHEDULE C (FEC Form 3)

## LOANS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 6 OF 6

FOR LINE NUMBER:  
(check only one)

☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4282

COMMITTEE TO ELECT DAVID L STEINHOF

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2012

Dr David Steinhof

☒ Primary  
☐ General  
☐ Other (specify) ▼

Mailing Address

784 High St

City

State

ZIP Code

Fall River

MA

02720

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

2000.00

0.00

2000.00

### TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M 03 / D 15 / Y 2012 M M / D D / Y Y Y Y

5.00

% (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

SUBTOTALS This Period This Page (optional)

2000.00

TOTALS This Period (last page in this line only)

2000.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Federal Election Commission  
**ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS**  
The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/>	
<input checked="" type="checkbox"/> USPS Express Mail	Postmarked 7/12/12
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
Next Business Day Delivery <input type="checkbox"/>	
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

  
**PREPARER**  
(3/2005)

7/16/12  
**DATE PREPARED**

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